	Application Number	10/580,218
POWER OF ATTORNEY	**Filing Date**	May 22, 2006
OR	**First Named Inventor**	Casas Salva, Francisco
REVOCATION OF POWER OF ATTORNEY	**Title**	PROTECTIVE COVER FOR
WITH A NEW POWER OF ATTORNEY		SPORTING RIFLES
AND	**Art Unit**	3641
CHANGE OF CORRESPONDENCE ADDRESS	**Examiner Name**	Michelle Renee Clement
	Attorney Docket	027913-001800US

I hereby revoke all previous powers of attorney given in the above-identified application.

☐　A Power of Attorney is submitted herewith.

OR

☒　I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

20350

OR

☐　I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

I further authorize any of the above-identified practitioners to execute a Statement Under 37 CFR 3.73(b) on my/our behalf to certify the chain of title and establish my/our ownership in the application identified above.

Please recognize or change the correspondence address for the above-identified application to:

☒　The address associated with the above-mentioned Customer Number:

OR

☐　The address associated with Customer Number:

Firm or Individual Name	
Address	

City		State		Zip	
Country					
Telephone		Email			

I am the:

☒　Applicant/Inventor.

OR

☐　Assignee of record of the entire interest. See 37 CFR 3.71.
　　Statement under 37 CFR 3.73(b) (Form PTO/SB/96 submitted herewith or filed on _____.

SIGNATURE of Applicant or Assignee of Record

Signature		Date	1 9 MAR 2010
Name	Francisco CASAS SALVA	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐　*Total of _____ forms are submitted.

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